From the Director

Hello from a frigid PA!! It was -1° this morning when I got out of bed….it certainly would have been the day to crawl back under the covers!!! Poor Dixie had to put boots on to go outside!!

2018 cases have proven to be very difficult to ascribe a description of the abstraction of those cases. It has been a nightmare for us in the central registry. The required dataset from NPCR has changed as frequently as the temperature. We think they are finally set and have promised NOT to change those requirements for 2019 and 2020. What a blessing! I know it has been hard, but I also know that you are up to the task. John LaDouceur will be working on some in person training as well as working with our online training program.

With the passage of the Virginia Firefighters Registry Act, VCR will be requiring you to fill in the occupation and industry text fields - no blanks. There will be a training program with some instructions on how to correctly document occupation and industry. We will be using a NIOSH Occupation and Industry coding program to code the fields to make it easier to find firefighters in our database. Tune in for information on that training program.

VCR is proud to have published our statistical review for cases through 2016. Please visit our website to see the report. We have a limited number of printed copies. If you would like one, please contact John LaDouceur or Laurel Gray to have one sent to you.

We have wrapped up our call for data in January with the submission of our 2017 cases. We will now be focusing on converting our software to v18. Our Data Systems Manager, Larry Kirkland, will be the main contact for this process. We are so fortunate to have Larry working with VCR…he keeps our software purring! Once we have converted and have tested the conversion, we will be able to accept any cases you have added

in v18. We have been working on the edits and should have them out in the next week or two. You will be notified of all of the above.

This is a very bittersweet note to write…..it will be the last from me as Director of VCR. I will be retiring officially as of May 1, but I am taking vacation before that, so my last day in the office will be March 12. It has been an honor and privilege to work at VCR. I have loved every minute of my time here. And most of all, I have loved working with each and every one of you. I will miss you and I hope that you will stay in touch with me and let me know how things are with you. You can email me at jmholubowsky@gmail.com. I know that you are in good hands. My best to each and every one of you.

Jayne Holubowsky, Director

Quality Assurance Corner

Happy New Year!

I am sure all of you are excited to hear that we made our annual 1995-2016 fall data submission and our numbers exceeded our expectations. Hooray and THANK YOU! We ended up holding our 2017 case submission until January, as our 2017 numbers were lower than expected. Unfortunately, even with the time extension, we did not make the expected 90% of total case submission for the 2017 year. To help rectify this issue, we need all facilities to be checking your Medical Record Disease/Discharge Index (MRDI) and/or billing each month to make sure you are finding all of your cases. Our goal is to be able to submit the 1995-2018 cases by November 15, 2019. Keep in mind that the end of the 2018 submission year is June 30, 2019. With your last submission of the year, we must have your MRDI (Medical Record Disease/Discharge Index or billing) so that we can check your patients with a reportable cancer diagnosis against our records to make sure the patient is in our database. Please feel free to request an Accession List or send us your MRDI anytime during the year. We are always happy to help you in your case finding process.

Some facilities have sent us their case lists to check for updated vital status and dates. Larry Kirkland, our new IT person, has worked out an expedited process through Excel. We are happy to offer this service to all facilities. Just contact me at laurel.gray@vdh.virginia.gov and I will send you the information we need to get started.

Of course, everyone always wants to know what was the number one edit this year. Hands down, it was the TNM pN field. In the pN field, cN0 was entered when cN0 was not a choice. Please use your drop down menus and check your manuals before entering any of your staging fields.

As you know, we are still waiting on getting our 2018 software from CDC. As soon as we receive it, we will let you know when we can receive your submissions. You can continue to abstract your cases, just not submit them to the state at this time.

Do remember, no submission is ever too small. We need YOU to make the Virginia Cancer Registry GREAT!
As always,
Laurel Gray, CTR

Promoting Interoperability (formerly Meaningful Use)

Certified Electronic Health Record Technology (CEHRT) and Vendors

Just a reminder that the Centers for Medicare & Medicaid Services (CMS) has renamed Meaningful Use and the EHR Incentive Programs to Promoting Interoperability and PI Programs, as mentioned in our Fall newsletter. This change is to continue the agency's focus on improving patients' access to health information and reducing the time and cost required of providers and cancer reporters, to comply with the programs' reporting requirements. CMS is also in the process of finalizing other updates to the programs, through new rules.

In order to capture and share patient data efficiently, health care providers and cancer reporters need an electronic health record (EHR) that stores data in a structured format, such as the NAACCR layout required by VCR. Structured data allows health care providers to easily retrieve and transfer cancer patient information to the VCR, and use the EHR in ways that can streamline cancer reporting and improve data exchange between reporter's and the central registry.

CMS and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and other criteria for structured data that EHRs must meet, in order to send VCR cancer cases electronically, and to be qualified for use in the PI Programs (formerly the EHR Incentive Programs).

To avoid a Medicare payment adjustment or receive a Medicaid incentive payment, health care providers and cancer reporters must use a ***certified*** EMR that is specifically qualified for public health reporting measures, including electronic cancer case reporting. CEHRT gives assurance to purchasers of EMR vendor services, and other users that an EHR system or module offers the necessary technological capability, functionality, and security to help them meet the meaningful use criteria. Certification also helps health care providers and patients be confident that the electronic health IT products and systems they are purchasing/using are secure, can maintain data confidentially, and can work with other systems to share information.

If anyone would like to check to see if their EMR vendor is certified for cancer reporting, or if they want to find one that is, I have provided the link below for the Certified Health IT Product List website. Anyone can go to this site and perform a search, with no login credentials required. If you would like instructions for using this site VCR can provide them.

https://chpl.healthit.gov/#/search

John LaDouceur MHA, CTR

IT Updates

We continue to apply information technology to the operations of the Virginia Cancer Registry. Some recent milestones include 2018 Call for Data (submitted the earliest ever), follow-up submission of 2017 data, on boarding of a new registrar, and completion of an internal security audit. Information Technology support played a significant role in all of these activities.

Additionally, we have developed processes to support the National Death Index (NDI), Medical Record Disease Index (MRDI) as well as activities directed at correcting database errors that are continually being identified.

Going forward, we plan to make very significant enhancements to our current operations that, among other items, will include:

- Upgrades to all of the Registry Plus software components.
- Conversion from our current record structure to the NAACCR Version 18 layout.

- Replacement of the current NAACCR fixed width format with an XML specification.
- Deployment of WebPlus, a secure portal that will allow electronic cancer reporting from providers with the goal of markedly decreasing paper submissions.
- Increased audit trail capability will be added to our current suite of applications to allow for audit compliance as well as increased operational monitoring.
- Operational, productivity, and analytical reports will be developed and deployed.

Many exciting changes are ahead as we leverage our IT resources to elevating our registry to be as good as it can be.

Larry Kirkland, Business Systems Analyst

Ask the VCR

NAACCR offers helpful webinars for the 2018 implementation. This includes Summary Stage 2018, solid tumor rules, and the new grade coding rules.

https://education.naaccr.org/2018-implementation

SEER offers the new Summary Stage 2018 Manual on their website. They have specific sections as well as the complete manual. The rules even include clarifications for multiple tumors diagnosed prior to 2018 and after.

https://seer.cancer.gov/tools/ssm/

Double-checking your defaults. As much as defaulted fields can help with speed of processing our data, it easily gets overlooked when something falls outside of the defaulted code.

Dani Quinn, CTR

Q: If a shave/punch biopsy is done for a malignant melanoma of the skin and it removes all visible tumor, it is a surgical procedure and coded 27 and 30. Correct? And it is the re-excision procedures pathology report that will confirm whether or not there was no residual disease, correct?

A: Not quite correct. According to FORDS, for melanoma the first excisional biopsy is considered surgical treatment, and the date of the biopsy (if margins are free) should be recorded in the data item Date of First Surgical Procedure. The Excisional biopsy and the Wide Local Excision or Re-Excision are both considered surgical treatment, but the date of the wide or re-excision should be recorded in the Date of Most Definitive Surgical resection of the Primary Site. (Source: FORDS 2016 pg 138)

https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/fords%202016.ashx

Q: Patient with pathologic T1a melanoma of the skin, diagnosed in 2018, no nodes removed but clinically negative, no evidence of distant mets. How do I record Clinical and Pathologic AJCC 8th staging including TNM and Stage Grouping for this Clinical and Pathologic for this scenario?
A: The clinical stage is cT1a cN0 cM0 Clinical Stage Group 1A. The pathologic stage is pT1a cN0 cM0 Pathologic Stage Group 1A. While the pathologic evaluation of the nodes is not required for Stage 1A, it is important to designate it as a clinical (cN0), so that it is clear to everyone that these nodes weren't evaluated by pathology. (Source: AJCC 8th Edition Book Purchase: Ch. 47)

https://cancerstaging.org/About/news/Pages/AJCC-8th-Edition-Cancer-Staging-Form-and-Histology-and-Topography-Supplements-Available-Now.aspx

Q: Patient presents with squamous cell carcinoma of the vocal cords. Physician states on path report that the site is the right and left vocal lesion. What do I record as the primary site?
A: You record the code that is closest to primary site stated on the path report. So, in your case you would record Larynx, Vocal cord, NOS (C320). (Source: ICD-O Pg. 20)

https://apps.who.int/iris/bitstream/handle/10665/96612/9789241548496_eng.pdf;jsessionid=E61DE0011A3630180907F430C4E551E2?sequence=1

Jada Harris, BS

Reminders and data Collection Changes

1) For AJCC 8th Edition staging of thyroid cancers, there have been some changes. The first among them is

that the cutoff for the patient's age at diagnosis has been increased from 45 years to 55 years. This age cutoff affects the stage grouping choice for papillary and follicular thyroid carcinoma histologies. Consult the AJCC 8th Edition chapters 73, 74, and 75 for more new information relevant to thyroid cancer staging.

Consult the following links:

https://cancerstaging.org/references-tools/deskreferences/Pages/default.aspx
https://cancerstaging.org/references-tools/deskreferences/Documents/AJCC%207th%20Ed%20Cancer%20Staging%20Manual.pdf

2) When sequencing simultaneously diagnosed multiple malignant primaries for a patient, do not simply code the sequence based upon which sample is listed first on the pathology report. Please remember to assign the primaries having the worst prognosis (or greater extent of disease) the lower sequence number relative to the others. If the prognosis is the same then the sequence is arbitrary. Although this may apply to any site in general, you may encounter simultaneously diagnosed primaries especially when abstracting cutaneous melanomas. For example, On the same pathology report, an invasive melanoma of a skin site would be sequenced 01 relative to a non-invasive melanoma deemed a separate primary, which would be sequenced 02 (assuming these are the only 2 primaries for this patient). Please be sure to follow the applicable rules to determine multiple primaries (per 2007 MP/H Manual or 2018 Solid Tumor Rules) and sequencing (per the FORDS or STORE manuals).

Consult the following links:

https://seer.cancer.gov/tools/mphrules/
https://seer.cancer.gov/tools/solidtumor/
https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals

3) A data collection change for 2018 that helps preclude potential data quality issues is that a decimal point will be allowed in various data items which record a lab value, tumor size or a depth of invasion. Especially noteworthy is a new change for Breslow's depth for invasive cutaneous melanomas. For cases prior to 2018, the Breslow tumor thickness would have been coded to the nearest hundredth of a millimeter (not the nearest tenth) but beginning with 2018 diagnosis dates, it is rounded to the nearest tenth of a millimeter instead. The new format of the fields, as defined in the STORE manual and in the Site-Specific Data Item (SSDI) Manual, will be available when the record layout conversion takes place.

Meanwhile, bear in mind that currently the measurement codes for such data items which record a lab value, tumor size or a depth of invasion may be defined differently (i.e., in centimeters vs. millimeters, or tenths vs. hundredths of a unit of measure). The data quality issue has been that a miscoded value caused by an error in a decimal place would result in the data being 10 times more (or less) than the correct value. For instance, a tumor size stated as 18.0 mm or 1.80 cm to be entered into a three-character data item that is “coded to the nearest mm” would result in a tumor size value being 10 times too large if erroneously coded to “180” instead of the correct “018” value. Likewise, imagine an entered lab value 10 times higher than the medical record documents it to be. Therefore, consult the appropriate manual (FORDS or STORE) to be sure to code each relevant data item correctly in order to ensure the accuracy of your registry data.

Consult the following link: https://www.naaccr.org/SSDI/SSDI-Manual.pdf?v=1548871494

Michael Peyton, CTR

---

eMaRC - Electronic Lab Reporting

In the January 10 meeting of E-Path users and service providers it was announced that a new SP-1 (Service Pack 1) will be released, entitled Version 6.0.0.0, and it will address many of the import/export issues that laboratories and central registries are experiencing. There, however has not been a clear release date for this service pack.

There was also a Brown Bag Webinar on January 15, which provided information and training for E-Marc users. The focus of this training session was the ADMINISTRATION TAB, and was the first of a two part series. The second part of this series will take place on February 19, 2019.

There will be a training opportunity for eMaRC Plus in Denver, Colorado as a Pre-NCRA Annual Conference workshop on May 18, 2019 in conjunction with the conference. The intended audience is current and future users of eMaRC Plus, Prep Plus, and CRS Plus. The eMaRC session will take place in the morning, and the Prep Plus.NET and CRS Plus.NET sessions will be in the afternoon. Participants do not have to attend both morning and afternoon sessions. Registration is separate for each session.

This half-day workshop will familiarize participants with the various features of eMaRC Plus software, including ePath and Physician Reporting. For e-Path reporting, application configuration, open-batch screen review,

ePath workbench, active buttons within workbench, search tab, manual pathology reports, and administration tab features. Topics covered by Physician Reporting will include the basics, importing files, mapping & translation, data processing flow/consolidation, opening/searching/viewing records, and export. The participants should be familiar with Windows computing environment and have basic knowledge of HL7 and CDA files.

Advanced registration is required. Contact Jen Wike at bhn9@cdc.gov . Please state which training the reservation is for (eMaRC or Prep Plus/CRS Plus). The deadline to register is April 19, 2019.

Chioke Murray, BA

Epi Answers

Survival analysis: Virginia Cancer Registry (VCR) completed NDI matching in 2018, our data now has the complete information it needs to evaluate survival in the Commonwealth of Virginia. The data was obtained from the VCR live database, which has about 460k cases from 2001-2016, excluding DCO (Death Certificate Only deaths) cases. We used SAS COX regression to analyze the data. The observed five-year overall survival rate was 61.5% from 2001-2011. Other results demonstrate that survival is relatively lower than the national average and is associated with diagnosis at an older age, late stage disease, and African American males. We hypothesize that this is due to a low level of awareness, lack of screening programs, and subsequent late access to treatment. The study has been submitted for inclusion at this year's NAACCR national conference. If it is accepted, we will present our state data there. Meanwhile, we will put the results, charts, and graphs in our website soon.

Sunny Wang – Senior Epidemiologist

Contact Us

Jayne Holubowsky, CTR	Director	804-864-7873
Laurel Gray, CTR	Quality Assurance Coord.	804-864-7860
John LaDouceur, MHA,CTR	Acting Education /Train Coord.	804-864-7857
Michael Peyton,CTR	Cancer Data Analyst	804-864-7885
Sally Siddon, CTR	Cancer Data Analyst	804-864-7859

Chioke Murray, BA	Cancer Data Analyst	804-864-7196
Danielle Quinn, CTR	Cancer Data Analyst	804-864-7856
Tina Hall, CTR	Cancer Data Analyst	804-864-7187
Larry Kirkland	IT Consultant	804-864-7859
Sunny Wang	Senior Epidemiologist	804-864-7699
Cheryl Walker-Smith	Cancer Data Manager	804-864-7866
Jada Harris	Cancer Data Analyst	804-864-7662
Taylor Guidry	Epidemiologist	804-864-7873